



ALABAMA ATHLETIC COMMISSION

260 Commerce Street, 4th Floor • Montgomery, AL 36104

Phone: (334) 245-4374

Fax: (866) 715-9714

OFFICIAL USE
by
Alabama Athletic Commission

Acknowledgement
of
Receipt

Commission's official
use only:

AAC License

_____ W

APPLICATION FOR LICENSURE

AS A Wrestling Participant

NOTE: ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.

I hereby make application for licensure in the State of Alabama as a WRESTLING PARTICIPANT under the jurisdiction of the Alabama Athletic Commission (separate applications are required for each type to be considered for licensure and each application must include a separate fee).

1. Full Name _____ aka _____
(Legal name - public record) (Nickname)
2. Address of Record _____ Telephone (____) _____
(The above address is public record) Street City State, Zip (circle one: Office/Home/Cell phone)
3. Mailing Address _____ E-mail _____
(The above address is NOT public record) Street/PO Box City State, Zip
4. Date of Birth ____/____/____ Place of Birth _____ Social Security No. ____/____/____
5. Weight _____ Height _____ Age _____
6. Name of wrestling promoter(s) _____
7. How long have you been performing in wrestling exhibitions? _____
8. Was applicant ever penalized or disciplined by any State or City Boxing or Wrestling Commission [] Yes [] No
If YES, please explain _____
9. Have you ever received any training to participate in wrestling exhibitions? [] Yes [] No
If YES, provide details _____
10. Do you have any medical conditions? [] Yes [] No
If YES, please explain _____
11. Do you take any prescription medications? [] Yes [] No
If YES, please list _____
12. Are you a United States citizen [] Yes [] No
If NO, do you have documentation that you are here legally? [] Yes [] No
*Please provide documentation that proves your assertion
13. Have you ever been convicted of any State or Federal felony? [] Yes [] No
*If YES, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be ATTACHED.
14. Are you on parole or probation for a violation of the law? [] Yes [] No
If YES, please explain _____

APPLICATION FOR LICENSURE

AS A Wrestling Participant

* You must sign in the presence of a notary public, commissioner or commission-appointed representative. Supporting documentation must be attached to be considered for licensure. RESTRICTIONS may apply if currently licensed as an Official.*

Full Name _____ Date of Birth ____/____/____ Social Security No. ____/____/____
Print Name

List the names of people that you are professionally affiliated: Manager: _____,

Trainer: _____; Second: _____; Second: _____

Gym/Team Name: _____
City and State

AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have read the AAC Administrative Code and will comply with the Alabama State Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Alabama Athletic Commission or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Alabama Athletic Commission to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this ____ day of _____, 20 ____.

(Notary Public seal)

Notary Public official signature (or commission appointed representative)

Notary Public's commission expires _____

APPROVED BY ALABAMA ATHLETIC COMMISSION

DATE